

Case Number:	CM15-0076364		
Date Assigned:	04/27/2015	Date of Injury:	04/04/2014
Decision Date:	06/05/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/21/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61 year old male, who sustained an industrial injury on 4/4/2014. He reported right shoulder pain. The injured worker was diagnosed as having shoulder pain, status post rotator cuff tear & repair, and hand/digit contracture. Treatment to date has included right shoulder rotator cuff repair, medications, and magnetic resonance imaging, physical therapy, and laboratory evaluations. The request is for pneumatic appliance half leg, and intermittent limb compression device. On 12/19/2014, he reported his pain level was no longer constant, and was able to wash his hair without difficulty. On 1/31/2015, he reports mild pain with persistent painful popping of the right shoulder. He indicates that resting and physical therapy improved his symptoms. He also reports left upper arm pain. The treatment plan included: physical therapy, and magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Pneumatic Appliance Half Leg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder and Knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Chapter under Venous Thrombosis.

Decision rationale: Based on the 03/30/15 progress report provided by treating physician, the patient presents with left upper arm pain. The patient is status post right shoulder arthroscopic rotator cuff repair with subacromial decompression 07/23/14, per operative report. The request is for Pneumatic Appliance Half Leg. Patient's diagnosis per Request for Authorization form dated 07/23/14 include rotator cuff sprain. Diagnosis on 03/30/15 included left shoulder proximal biceps tendon tear, and right shoulder rotator cuff full thickness tear. Treatment to date has included right shoulder rotator cuff repair, medications, and magnetic resonance imaging, physical therapy, and laboratory evaluations. Patient medications include Norco, Etodolac, Tramadol, and Tylenol #3. The patient is temporarily totally disabled, per 03/30/15 progress report. Treatment reports were provided from 07/23/14 - 03/30/15. MTUS is silent regarding the request. ODG guidelines, Knee & Leg (Acute & Chronic) Chapter under Venous Thrombosis states: allow for short-term post-operative use for 7 days. Regarding Vascutherm with DVT prophylaxis, ODG states that ASA may be the most effective choice to prevent PE and DVT in patients undergoing orthopedic surgery, but even ASA patients should receive sequential compression as needed. When looking at various devices, data from Million Women Study in the UK suggested that the risk of DVT after pelvic and acetabular surgery is greater and lasts for longer than has previously been appreciated. They showed that the risk is greatest in the first six weeks following surgery, peaking around three weeks afterward. Progress report with the request was not provided. The patient is status post right shoulder surgery 07/23/14. It appears this is a retrospective request for pneumatic appliance used following right shoulder surgery. ODG does not discuss the need for these DVT prophylactic devices for shoulder surgery. It is something that is needed following other surgeries such as the knee and hip. ODG guidelines recommend only 7 days of post-operative use. In this case, treater has not provided reason for the request, nor indicated duration of use. This device is not indicated for the patient, and there is no documented time of immobility following shoulder surgery. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Intermittent Limb Comp Device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Online.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Chapter under Venous Thrombosis.

Decision rationale: Based on the 03/30/15 progress report provided by treating physician, the patient presents with left upper arm pain. The patient is status post right shoulder arthroscopic rotator cuff repair with subacromial decompression 07/23/14, per operative report. The request is for Intermittent Limb Comp Device. Patient's diagnosis per Request for Authorization form dated 07/23/14 include rotator cuff sprain. Diagnosis on 03/30/15 included left shoulder proximal biceps tendon tear, and right shoulder rotator cuff full thickness tear. Treatment to

date has included right shoulder rotator cuff repair, medications, and magnetic resonance imaging, physical therapy, and laboratory evaluations. Patient medications include Norco, Etodolac, Tramadol, and Tylenol #3. The patient is temporarily totally disabled, per 03/30/15 progress report. Treatment reports were provided from 07/23/14 - 03/30/15. MTUS is silent regarding the request. ODG guidelines, Knee & Leg (Acute & Chronic) Chapter under Venous Thrombosis states: allow for short-term post-operative use for 7 days. Regarding Vascutherm with DVT prophylaxis, ODG states that ASA may be the most effective choice to prevent PE and DVT in patients undergoing orthopedic surgery, but even ASA patients should receive sequential compression as needed. When looking at various devices, data from Million Women Study in the UK suggested that the risk of DVT after pelvic and acetabular surgery is greater and lasts for longer than has previously been appreciated. They showed that the risk is greatest in the first six weeks following surgery, peaking around three weeks afterward. Progress report with the request was not provided. The patient is status post right shoulder surgery 07/23/14. It appears this is a retrospective request for pneumatic appliance used following right shoulder surgery. ODG does not discuss the need for these DVT prophylactic devices for shoulder surgery. It is something that is needed following other surgeries such as the knee and hip. ODG guidelines recommend only 7 days of post-operative use. In this case, treater has not provided reason for the request, nor indicated duration of use. This device is not indicated for the patient, and there is no documented time of immobility following shoulder surgery. Furthermore, this request appears to be a duplicate of prior request. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.